

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	<i>J.B.</i>	<i>702005</i>	<i>1-10-88</i>
<b>O.I.P.E. CLASSIFIER</b>		<i>59</i>	<i>10:00</i>
<b>FORMALITY REVIEW</b>			
<b>RESPONSE FORMALITY REVIEW</b>		<i>102000</i>	<i>2-3</i>

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted 0 ..... Objected

Claim	Date						
Final	8/4	3/7	7/4				
Original	8/4	3/7	7/4				
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If more than 150 claims or 10 actions  
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